U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S. C 439 or 440.

For Official Use Only	ULLY BEFORE PREPARING THIS REPORT.
E READ THE INSTRUCTIONS CARETY	OLLI BLI OILLI ALLINO TILO VAL OILLI
1. File Number U - 72087	2. Fiscal Year Covered From:
begramma and an area and area	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name FREDERICK J MISZEL'SKI	Name SHERT MILTAL WKILS TNTKRNATION AL
	Labor Organization File Number 000 013
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if ary
Street 11301 W CKLAHOMAN JURE #14	Street 1750 NIKW YORK AVE NW.
City WEST ALUS	City WASHILLETON D.C.
State WISCOUSIN ZIP Code + 4 53227	State ZIP Code + 4 20006
5. Position in labor organization. TWTTERLATTOWIL PRIKE	SENTATIVE
Enter appropriate data below if, during the past tis cal year, you or your s  (except as specified in the except as interest in engaged in transactions (including loans) with	spouse or minor child directly or indirectly had any of the following interests xclusions set forth in the instructions):  or derived income or other economic benefit of
Enter appropriate data below if, during the past fiscal year, you or your s (except as specified in the ex A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organiz	spouse or minor child directly or indirectly had any of the following interests xclusions set forth in the instructions):  or derived income or other economic benefit of
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Enter appropriate data below if, during the past fiscal year, you or your secret as specified in the example.  A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organize. Name and address of Employer (including trade name of any).	spouse or minor child directly or indirectly had any of the following interests xclusions set forth in the instructions):  or derived income or other economic benefit of eation represents or is actively seeking to represent.
Enter appropriate data below if, during the past fiscal year, you or yours (except as specified in the except as specified in the	or derived income or other economic benefit of reation represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
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Enter appropriate data below If, during the past fisital year, you or your significant to except as specified in the except as sp	spouse or minor child directly or indirectly had any of the following interests xclusions set forth in the instruct ons):  or derived income or other economic benefit of teation represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  Signature  y of Perjury and other applicable penalties of the law, that all of the information panying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to, or otherwise dealing with the business of an employer whose employees your abor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name   f any).	9. Business deals with	
Name	· processing	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust  c. Employer	
Street	C. Employer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dol.ar value of such dealing	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name DALEY & GORRER LTD.	DINNER/CRUISE ON LAKE	
Trade Name, if any:	MICHIGAN ON AUGUST 19, 2009 DURING SMWIH NATTONAL	
National or an electronic or an electron	CONVENTION. LAWFIRM	
P.O. Box, Bldg., Room No., if any  Street 20 SOUTH CLARIC. ST	- mark 13 - 1	
City CHICAGO ILLIN'015		
State 7010015 ZIP Code + 4 60603	FOR SAILT THE CAGO IL LOCAL #73, CHICAGO IL	
13.b. Is the Business an Employer or Constitant ?	14.b. Amount of payment	
10.00 to and business an Employer	4/1/.00	